

AGENCY MANUAL

Psychological Mobile Services, P.A.

January 2014

Agency Manual

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OUR VISION STATEMENT

Cultivate the Lives of Every Individual and Family We Serve.

OUR MISSION

In partnership with our client-members and stakeholders, develop and deliver innovative and excellent behavioral health services with reliability and compassion for those we serve; in addition, continue to evolve with our community and enhance mental health treatment services.

OUR PHILOSOPHY

We embrace the concept that any persons seeking mental health improvement including those with intellectual, developmental, chronic disabilities, and/or co-occurring disorders are able to recover and improve their lives when provided with appropriate and adequate treatment, activities, and supports. This includes access to evidenced based, culturally sensitive, and recovery-focused practices within the individual's community provided in the least restrictive manner. Our person-centered child, youth, adult, and family treatment interventions are designed based upon this integrative wellness philosophy.

AGENCY EXPERTISE

Our Agency strives for clinical expertise. Every clinician must have obtained a Master's or Doctoral degree and been awarded a license to practice their profession in the State of North Carolina. This includes Licensed Psychologists, Licensed Psychological Associates, Licensed Clinical Social Workers, Licensed Professional Counselors, and Licensed Marriage and Family Therapist. All of these highly educated and trained professional are routinely required to meet specific State board requirement of Continued Education to maintain their license and continue providing services in their profession.

Our agency also encourages and supports all licensed professional to regularly engage inner office consultation where all employed clinicians meet to discuss their cases, concerns, ethical and/or legal dilemmas, and complaints.

We also provide opportunities for team members to schedule inner office trainings to offer specialized psychoeducation to other team members and/or update the team members on any Mental Health news, changes, implementations, and service definition updates, changes or additions. In addition, we encourage all team members to seek out continuing education in the areas related their chosen area of mental health services and populations served especially those pertaining mental health treatment service definitions.

DELIVERY OF SERVICE

Our Agency embraces the evidence-based practice of Cognitive Behavioral Therapy (CBT). Each clinician is required to have CBT training prior to employment as well as CBT continuing education annually to ensure a standard of best practices. Our clinician's qualifications are expected to include graduate level CBT for at least one semester, one year of outpatient services that involved providing CBT based treatment modalities, and at least 24-hours of continued education based on CBT. In addition, our clinicians are expected to engage in 6-hours of CBT based continued education as part of their specific Licensing Board CE requirements (e.g., Psychologist are required completion of CE every 2 years). Supervision and/or consultation depending on the clinicians level of experience and license requirement includes psychoeducation on our Agencies core CBT based intervention:

- | | |
|--------------------------|-------------------------------|
| ✓ Mindfulness | ✓ Problem Solving |
| ✓ Feeling Identification | ✓ Self-Improvement |
| ✓ Affect Modulation | ✓ Interpersonal Effectiveness |
| ✓ CBT Awareness | ✓ Contingency Management |
| ✓ Impulse Control | |

Note: This training requirement will be reflected and/or updated in the Licensed Independent Professional Job Description.

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CULTURAL COMPETENCY

Our agency embraces an integrative multicultural approach to providing treatment. We believe mental health services are best delivered to everyone with dignity and respect by appreciating all forms of diversity, embracing the value of inclusiveness and maintaining an environment free from all forms of harassment, discrimination, and intimidation. We support and encourage all team members to seek out continuing education in areas culturally diverse and reflective of the populations served in our community.

To ensure cultural competency is regularly trained and advanced we require that at least 3 hours of each clinician's continued education be in the area of multicultural and/or cultural diversity-based training.

Note: This training requirement will be reflected and/or updated in the Licensed Independent Professional Job Description.

CLIENT SATISFACTION

To ensure person centered best practice we encourage regular feedback from our clients and families. We plan to offer an online and/or phone call-in "Satisfaction Survey" that anyone can complete to provide feedback help our agencies and clinicians improve out quality of care. Our goal is to implement our online "service-survey" and/or an automated phone based survey within our month of providing mental health services in 2013. We plan to begin exploring phone survey options as soon as we are officially an Eastpointe approved agency. We will also launch our online survey when approved: www.PsychologicalMobile.com/service-survey

SERVICES PROVIDED

Our agency plans to provide Outpatient Behavioral Health Services that include:

- ✓ Individual Therapy, Family Therapy, and Group Therapy
- ✓ Psychological Evaluations and Testing
- ✓ Behavioral Support Plans and monitoring
- ✓ Psychiatric Diagnostic Evaluations and Comprehensive Clinical Assessments

MEMBER CAPACITY

Our agency provides services that include all ages of eligible NC Medicaid (Medicaid) and NC Health Choice (NCHC) members also known as clients. We understand that members under the age of 21 are entitled to coverage that is limited to 16 unmanaged outpatient visits (subject to change per DHHS) per calendar year (inclusive of assessment and psychological testing codes). Members age 21 and over are permitted coverage that is limited to 8 unmanaged outpatient visits (subject to change per DHHS) per calendar year (inclusive of assessment and psychological testing codes). Visits beyond these unmanaged outpatient visits require a written order by a Medical Doctor, Licensed Psychologist (doctorate level), Nurse Practitioner or Physician Assistant, and prior approval from the utilization review contractor. Since some of our clients will be involved in more than one outpatient service that may be provided by a different licensed independent practitioner, we also understand that when clinically appropriate and deemed medically necessary, providers may submit the same authorization request for up to three Medicaid Provider Numbers (MPNs) in one billing practice. Our agency outpatient behavioral health services meet the North Carolina Department of Health & Human Services Division of Mental Health, Developmental Disabilities, and Substance Abuse based on the following MH/ID-DD/SA services definition requirements:

MEDICAL NECESSITY REQUIREMENT

Our agency services are based upon a finding of medical necessity, which is determined by generally accepted North Carolina community practice standards as verified by our clinicians. This includes a current diagnosis reflecting the need for treatment. Our standard understanding of medically necessity includes:

- ✓ Preventive means to anticipate the development of a disease or condition and preclude its occurrence;
- ✓ Diagnostic means to examine specific symptoms and facts to understand or explain a condition;
- ✓ Therapeutic means to treat and cure disease or disorders; it may also serve to preserve health; and
- ✓ Rehabilitative means to restore that which one has lost, to a normal or optimum state of health.

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GENERAL CRITERIA OF TREATMENT SERVICE

In addition to being medically necessary, all of our services must include a procedure, product or service that:

- ✓ Is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- ✓ Can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- ✓ Is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

TREATMENT SERVICE PROVISIONS

Our agency's outpatient services focus on reducing psychiatric and behavioral symptoms in order to improve the client/member's functioning in familial, social, educational, or occupational life domains. We serve client/members of all ages with variety of different mental health diagnoses including disabled populations such as those with intellectual disabilities, developmental disabilities, and Autism Spectrum Disorders.

INITIAL SERVICES

Psychiatric Diagnostic Evaluation

Our agency initially provides a Psychiatric Diagnostic Evaluation intended to determine a beneficiary's treatment needs, and to provide the necessary treatment. A Psychiatric Diagnostic Evaluation (PDE) that demonstrates medical necessity shall be completed by a licensed or associate level licensed professional prior to provision of outpatient therapy services, including individual, family and group therapy. The CCA provides the clinical basis for the development of the beneficiary's person centered, treatment or service plan. The end of the first unit of service, typically the CCA, requires the Individual Plan (IP).

Individualized Plan

An individualized plan of care, service plan, treatment plan, or Person Centered Plan, hereinafter referred to, as "Treatment Plan" or "TP" or "Individual Plan" or "IP" or simply "Plan" is consistent with and supportive of the service provided. The plan shall be developed based on the PDE and in partnership with the client or legally responsible person, the plan shall include:

- ✓ Client/member outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement including treatment strategies and interventions to achieve such outcomes;
- ✓ A schedule for review of the plan at least annually in consultation with the beneficiary or legally responsible person or both; and
- ✓ Signed consent or agreement of the plan by the beneficiary or responsible party, and the person developing the plan or a written statement by the provider stating why such consent could not be obtained.

EVIDENCE-BASED PRACTICE

Our agency outpatient treatment services involve the evidence-based treatment model Cognitive Behavioral Therapy (CBT). By utilizing the CBT treatment model we expect to produce positive outcomes for the population we serve. CBT is used to address the client's clinical needs that are identified in the PDE and on any subsequent assessments (e.g., Psychological Testing). Licensed Psychologists and Licensed Psychological Associates only perform psychological testing at our agency. Psychological testing involves the culturally and linguistically appropriate administration of standardized tests to assess a beneficiary's psychological or cognitive functioning.

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OUTPATIENT BEHAVIORAL HEALTH SERVICES

Outpatient treatment is available to clients of all ages and often involve the participation of family members, significant others, and legally responsible person(s) as applicable, unless contraindicated.

Our treatment services are based on collaboration between the clinician and clientele, and others as needed, the beneficiary's needs and preferences determine the treatment goals, frequency and duration of services, as well as measurable and desirable outcomes. Our agency requires that all clients meet medical necessity to be eligible for initial outpatient treatment services and continuation of services.

MEDICAL NECESSITY CRITERIA

Entrance Criteria

ALL of the following criteria are necessary for admission of a beneficiary for outpatient treatment services:

- ✓ A Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) (or its successors) Axis I or II diagnosis;
- ✓ Presentation with behavioral, psychological, or biological dysfunction and functional impairment, which are consistent and associated with the DSMIV-TR & DSM-5 (or its successors) Axis I or II diagnosis.
- ✓ Does not require a higher level of care;
- ✓ Capable of developing skills to manage symptoms, make behavioral changes, and respond favorably to therapeutic interventions; and
- ✓ There is no evidence to support that alternative interventions would be more effective, based on North Carolina community practice standards (e.g., Best Practice Guidelines of the American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Board of Addiction Medicine).

Continued Service Criteria

The criteria for continued service include:

A. ANY of the following criteria:

- ✓ The desired outcome or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the beneficiary's treatment plan;
- ✓ The beneficiary continues to be at risk for relapse based on current clinical assessment, and history, or tenuous nature of the functional gains.

B. ANY of the following criteria (in addition to "A.")

- ✓ The beneficiary has achieved current treatment plan goals, and additional goals are indicated as evidenced by documented symptoms.
- ✓ The beneficiary is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service is expected to be effective in addressing the goals outlined in the treatment plan.

Discharge Criteria

ANY of the following criteria must be met:

- ✓ The beneficiary's level of functioning has improved with respect to the goals outlined in the treatment plan;
- ✓ The beneficiary or legally responsible person no longer wishes to receive these services; or
- ✓ The beneficiary, based on presentation and failure to show improvement, despite modifications in the treatment plan, requires a more appropriate best practice or evidence-based treatment modality based on North Carolina community practice standards (for example, National Institute of Drug Abuse, American Psychiatric Association).

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EXPECTED CLINICAL OUTCOMES

Our agency's expected clinical outcomes relate to the identified goals in the client's plan. The outcomes reflect changes in symptoms and behaviors that, when met, promote increased functioning such that client may no longer meet medical necessity criteria for further treatment. Continued stay criteria must include documentation of the need for ongoing treatment as well as progress made or efforts to address lack of progress.

SERVICE NOTES / PROGRESS NOTES

Our agency requires a progress note for each treatment encounter that includes the following information:

- ✓ Date of service
- ✓ The duration of the service (e.g., length in minutes)
- ✓ Name of the service provided
- ✓ Type of contact (CPT code)
- ✓ Purpose of the contact (related to the client's plan or presenting program)
- ✓ Description of the treatment or interventions performed (related to the client's plan or presenting problem)
- ✓ Effectiveness of the intervention(s) and the beneficiary's response or progress toward goal(s)
- ✓ Signature, with credentials, degree, and licensure of attending clinician who provided the service.

PROVIDERS ELIGIBLE TO BILL FOR SERVICE

To be eligible to bill for services related to this policy, our agency clinicians shall:

- ✓ Meet Medicaid or NCHC qualifications for participation;
- ✓ Be currently Medicaid - enrolled; and
- ✓ Bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

PROVIDER QUALIFICATIONS

Our team is composed of licensed professionals and are required to be currently licensed in North Carolina and to be direct enrolled in Medicaid (or LME-MCO) and bill under their own attending Medicaid Provider Numbers.

Our agency employs the following providers that may bill for outpatient services:

1. Licensed psychologists (doctorate level)
2. Licensed psychological associates (LPA)
3. Licensed professional counselors (LPC)
4. Licensed marriage and family therapists (LMFT)
5. Licensed clinical social workers (LCSW)

For additional provider qualifications see the attached "Job Description" for Licensed Independent Practitioners.

COMPETENCY TRAINING & EVIDENCE BASED PRACTICE CBT

Our licensed independent practitioners (LIP) are required to complete an initial minimum 24-hours of continued education based on CBT. In addition, our clinicians are expected to engage in 6-hours of CBT based continued education as part of their ongoing specified licensing board CE requirements.

Our agency offers non-accredited CE opportunities for CBT training onsite. Ongoing CBT training will be offered by the Psychological Mobile Services Clinical Director, **Steven N. Hannant, Psy.D.**

Dr. Hannant is a highly qualified CBT practitioner. He has received doctoral level graduate school training in Cognitive Behavioral Therapy; he routinely completes CBT continuing education that exceed State requirement for providing enhanced services; and he himself has provided regular CBT training for enhanced services programs for numerous years. In addition to trainings provided by our agency, LIP's are encouraged to seek outside CBT training that is approved by the American Psychological Association (APA).

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The initial agency 24-hour CBT Training Curriculum includes:

- ✓ CBT 101 – 8hrs
- ✓ CBT Terminology – 8hrs
- ✓ CBT Characteristics – 8hrs
- ✓ CBT Intervention – 8hrs

A sample of CBT Trainings provided by Dr. Hannant are available online at:

<http://www.psychologicalmobile.com/training>

24-HOUR COVERAGE FOR BEHAVIORAL HEALTH CRISIS

Our Agency requires all attending clinicians provide, or have a written agreement with another credentialed LIP, for access to 24-hour coverage for behavioral health emergency services in the event that he or she is not available to respond to a member in crisis. Our agency after-hours phone service automatically redirects to our mobile office phone. In the event of a crisis that warrants clinical attention versus emergency services (e.g., 911) our mobile phone attendant will contact the “Treating LIP” or when not available, the designated “Covering LIP” will be contacted. In the event that the designated LIP is also not available another covering LIP will be contacted to assist in crisis coverage. Our agency’s **crisis coverage example** is as follows:

Treating LIP	Covering LIP
Steven N Hannant, PsyD, LP	Manijeh Boustani, PhD, LP
Regan Hannant, MSW, LCSW	Tommel Hayes, MSW, LCSW
Manijeh Boustani, PhD, LP	Steven N Hannant, PsyD, LP
Jerry Lee Brittain, PhD, LP	Steven N Hannant, PsyD, LP Psychologist, LPA
Tommel Hayes, MSW, LCSW	Grace Stroud MA, LPA

OUR PERSON-CENTERED RECOVERY BASED PHILOSOPHY

Our agency supports a recovery model philosophy when providing Outpatient Behavioral Health Services to our members. We understand the recovery model to be one of hope and belief that restoration of a meaningful life is possible, despite serious mental health problems. Recovery emphasizes that while individuals may not be able to have full control over their symptoms, they can have full control over their lives. The recovery model helps understand mental health and promotes a system of care to provide supports and opportunities for personal development.

Our agency upholds “Recovery fundamentals” when engaged in outpatient behavioral health services that demonstrate the recovery model on a daily basis.

Recovery...

- ✓ Involves an integrative view of mental illness that focuses on the person and a biopsychosocial view, not just the symptoms.
- ✓ From severe psychiatric disabilities is achievable.
- ✓ Can occur even though symptoms may reoccur.
- ✓ Support that the individual is responsible for the solution, not the problem.
- ✓ Requires a well-organized support system.
- ✓ Advocates for consumer rights and social change.
- ✓ Involves adaptations to issues of human diversity.
- ✓ Helps people to develop lasting connections within their community and natural supports.

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- ✓ Promotes leisure activities and hobbies based on each individual's interest.
- ✓ Uses "first person" language and works "with" people not "for" people.
- ✓ Helps people plan their life beyond the service system.
- ✓ Understands and provides person-centered planning.
- ✓ Allows people the right to make mistakes and values this as an opportunity for people to learn.
- ✓ Avoids the "professional knows best" attitude and relates to people as equals.
- ✓ Understands that medication is only one tool in the recovery tool box and promotes the learning about other tools (e.g., not ALL people require medication to recover).
- ✓ Works with people to develop lifestyle change and relapse prevention strategies.
- ✓ Creates opportunities for people to take responsibility for their own lives.
- ✓ Understand that symptoms do not have to be eliminated before people can pursue the recovery process.